

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LinnRegistration District No. 496Township BrookfieldPrimary Registration District No. 3025City Brookfield No. _____

File No. _____

41466

Registered No. 89 83

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 115 N. Robison St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 - 1877</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>1</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>1 year</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinnigan mo13. NAME Silas Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinnigan mo15. MAIDEN NAME Susie Thomas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Keweenaw17. INFORMANT Dr. R. H. Haley (ADDRESS) Brookfield Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Chapel DATE 12/8/3119. UNDERTAKER Hunter R. Kelley (ADDRESS) Brookfield Mo20. FILED 12-8, 1931 Dr. R. H. Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1931, to Dec 6, 1931I last saw him alive on Dec 6, 1931. Death is saidto have occurred on the date stated above, at 4:35 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sarcoma of Lung. 1928478Other contributory causes of importance: 478Name of operation none Date of _____What test confirmed diagnosis pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. R. H. Haley, M. D.(Address) Brookfield Mo.

